

IN THE SUPERIOR COURT OF WASHINGTON  
FOR THE COUNTY OF KING

In the Guardianship of:	)	Case No:
	)	
	)	ORDER APPROVING PERSONAL CARE
	)	PLAN
	)	
	)	<input type="checkbox"/> Initial <input type="checkbox"/> Periodic
	)	
	)	(ORAPRT)
_____	)	
An Incapacitated Person	)	
_____	)	(CLERK'S ACTION REQUIRED)

CLERK'S INFORMATION SUMMARY

Due Date for Next Periodic Care Plan\_\_\_\_\_.

Name, Address and Telephone for Guardian/Attorney\_\_\_\_\_.

\_\_\_\_\_.

Guardian of the Person of \_\_\_\_\_, an incapacitated person, having come on for hearing this day before the undersigned and the Court having been advised in the matters now before the Court, the Court makes the following:

## **I. FINDINGS OF FACT**

The Personal Care Plan includes all of the facts necessary to give the Court jurisdiction over this matter. No notice is required for the hearing on the report.

Based upon the foregoing Findings of Facts, the Court now, therefore makes the following:

## **II. CONCLUSIONS OF LAW**

The [ ] Initial Personal Care Plan [ ] Periodic Personal Care Plan should be approved.

## **III. ORDER**

The [ ] Initial Personal Care Plan [ ] Periodic Personal Care Plan is approved.

DONE IN OPEN COURT this \_\_\_\_\_ day of \_\_\_\_\_, 200 \_\_\_\_\_.

\_\_\_\_\_  
JUDGE/COURT COMMISSIONER

Presented by:

\_\_\_\_\_  
Signature of Guardian

\_\_\_\_\_  
Printed Name of Guardian, WSBA/CPG#

\_\_\_\_\_  
Address

\_\_\_\_\_  
Telephone/Fax Number

\_\_\_\_\_  
City, State, Zip Code

\_\_\_\_\_  
Email Address